

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-022155**

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5789**

**FILED JUN 7 1963**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Firmin-Desloge</b>		d. STREET ADDRESS <b>3323 Iowa</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charlotte A. Rockwell</b>		4. DATE OF DEATH Month Day Year <b>May 31, 63</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-13-86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleslady</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired Famous Barr</b>	
11a. FATHER'S NAME <b>Rockwell, William</b>		11b. MOTHER'S MAIDEN NAME <b>Kall, Emma</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		12b. INFORMANT Address <b>George J. Rockwell 9526 Midland</b>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b> DUE TO (b) <b>Thrombophlebitis L. Leg.</b> DUE TO (c) <b>463x</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>15 minutes</b> <b>unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>5/16/63</b> to <b>5/31/63</b> and last saw her alive on <b>5/31/63</b> Death occurred at <b>1:20 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Alfred M.D.</b>		22b. ADDRESS <b>Firmin Desloge Hosp.</b>	
22c. DATE <b>6-3-63</b>		22d. DATE SIGNED <b>5/31/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	23c. LOCATION (City, town, or county) <b>St. Louis Mo.</b>	
24. FUNERAL DIRECTOR <b>Witt Mortuary</b>	25. DATE RECD. BY LOCAL REG. <b>MAY 31 1963</b>	26. REGISTRAR'S SIGNATURE <b>Loard Smith. M.D.</b>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED  
6/18/63  
6/18/63

ITEM NO. SHOULD READ  
18b Thrombophlebitis L. Leg  
Pt. II Gen. Arteriosclerosis

DOCUMENT  
BY AFFIDAVIT of attending physician

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Yau M. Sizemore*

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.